

Name
in
Full

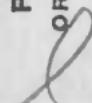
Elizabeth S. Alexander

CERTIFICATE OF DEATH

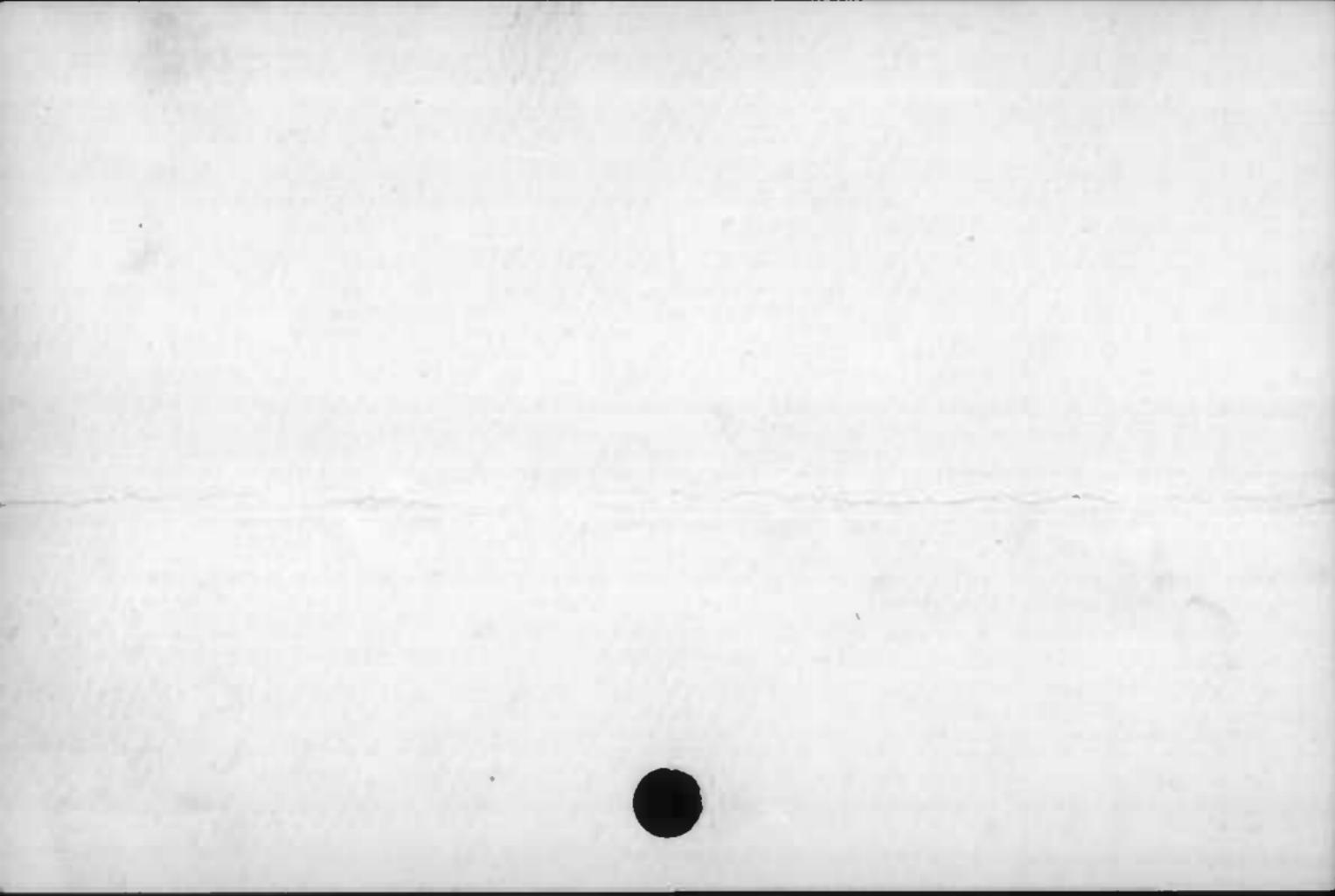
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|--|----------------------|---------------|------------------------------|--------|------|
| Died at Flatwoods <small>Town</small> | | County Barber | | MARYLAND | | |
| Date of death 1909 | Month May | Day 2 | Age 70 | Years | Months | Days |
| Sex Female | Color or Race White | | | Birth-place Flatwoods | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Widowed | Name of Wife or Husband William Alexander | | | | | |
| Father's Name Walter Alexander | Father's Birthplace | | | | | |
| Mother's Maiden Name Elizabeth Sibbly | Mother's Birthplace | | | | | |
| Name of person giving Information R. M. Alexander | How related to deceased | | | | | |

PHYSICIAN
OR CORONER



| | | | | |
|--|--|------------------------|-------------------------------|--|
| Primary Chronic Bronchitis | | CAUSES OF DEATH | | |
| Fibrous tuberculosis | | How long | Two years | |
| Immediate | | How long | Three years | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Henry W. McComas | |
| | | Address | Oakland, Maryland. | |
| Accident or Suicide? ✓ | | | | |



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Child not named Beauman

CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|----------------|---|--------|-------------------------|--------------|--|
| Died at | | Town | County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days | |
| 1909 | May | 16 | Age | — | one | |
| Sex | Male | Color or Race | White | Birth-place | Accident bld | |
| Occupation | — | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | — | Name of Wife or Husband | — | Father's Birthplace | Maryland | |
| Father's Name | Philip Beauman | | | Mother's Birthplace | Maryland | |
| Mother's Maiden Name | Emma Begley | | | How related to deceased | Maryland | |
| Name of person giving information | — | | | How long | 151 | |

CAUSES OF DEATH

Primary

Premature birth

Immediate

Premature birth by at least one month

Are the name, age, sex, color, date and place correctly given above?

yes

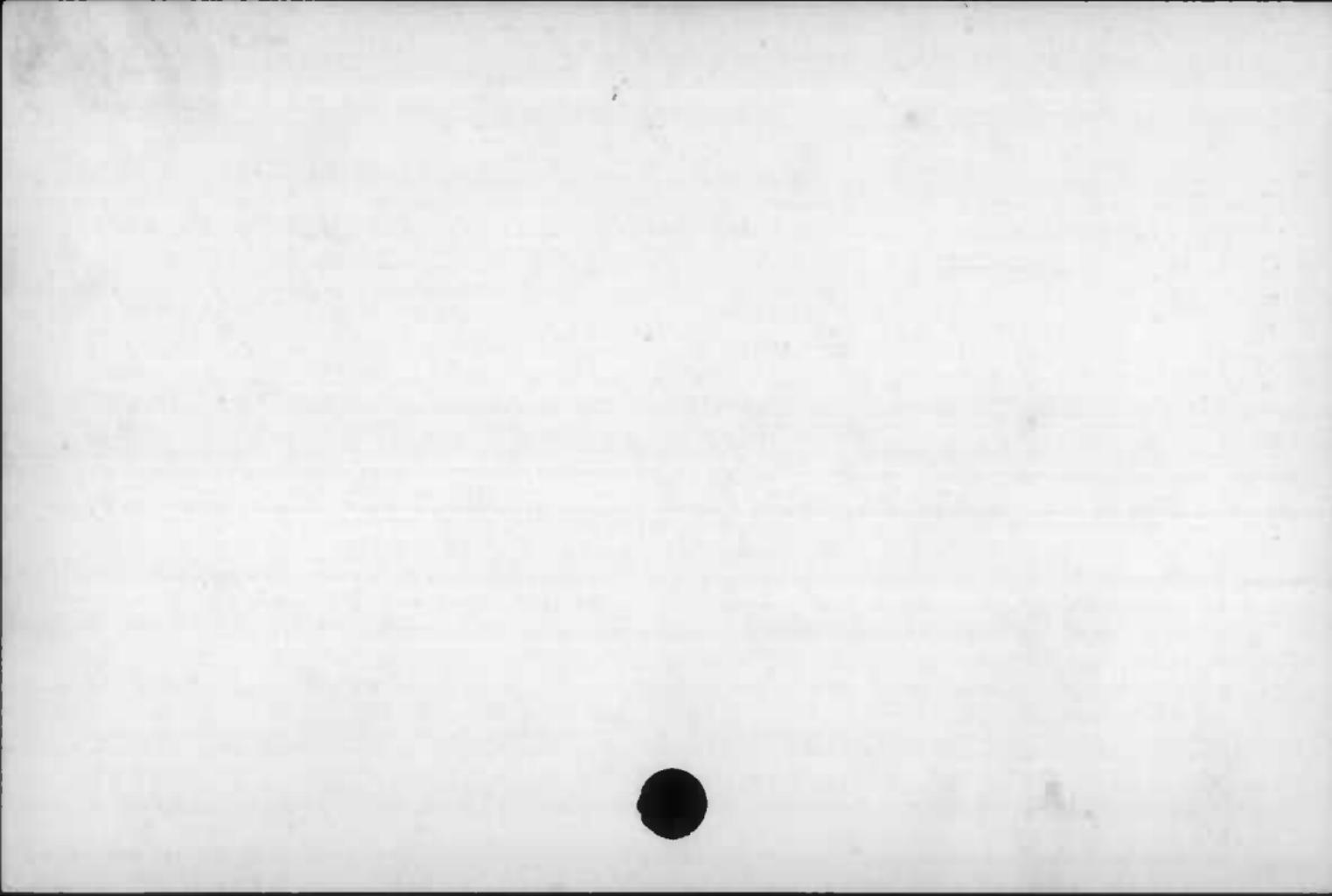
Signature of Physician

Address

B. W. Briscoe

Accident bld.

Accident or Suicide?



Name
in
Full

Alvin Lewis Beitzel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|--|--------|-------------|----------------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| 1909 | May | 17 | Age | 2 | 20 |
| Sex | Color or Race | White | Birth-place | Bettenger Ind. | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Daniel Beitzel | | | | |
| Mother's Maiden Name | Annie Schrevels | | | | |
| Name of person giving information | Daniel Beitzel | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------|------------------------|-------------------------|
| Primary | cold on chest | | |
| Immediate | Bronchitis | | |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | B. W. Brusco M.D. |
| | | Address | Garrett Co. Maryland |
| Accident or Suicide? | | | |

90

Hourly

about one week

How long

Five days that I have

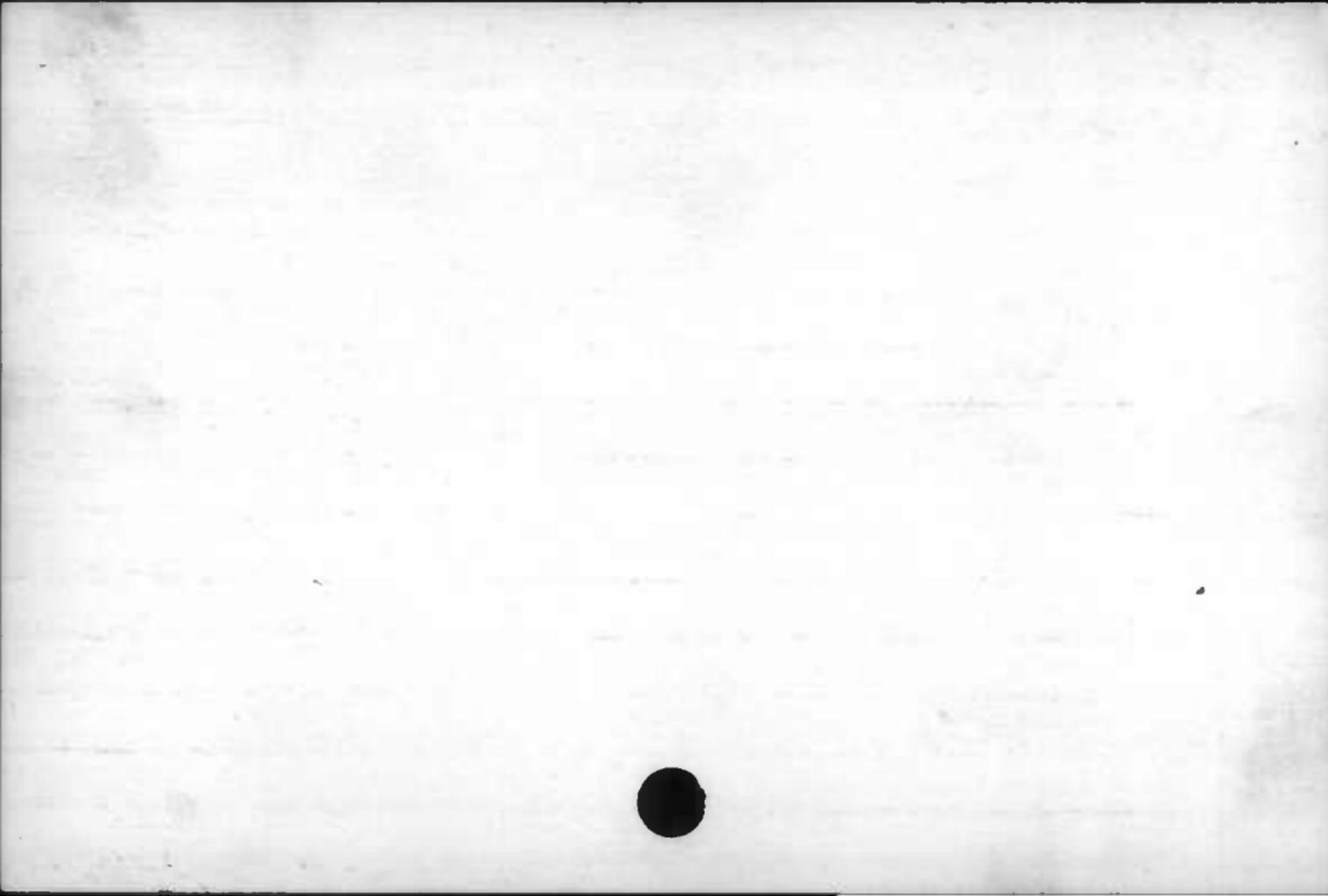
of

B. W. Brusco M.D.

Accident

Garrett Co.

Maryland

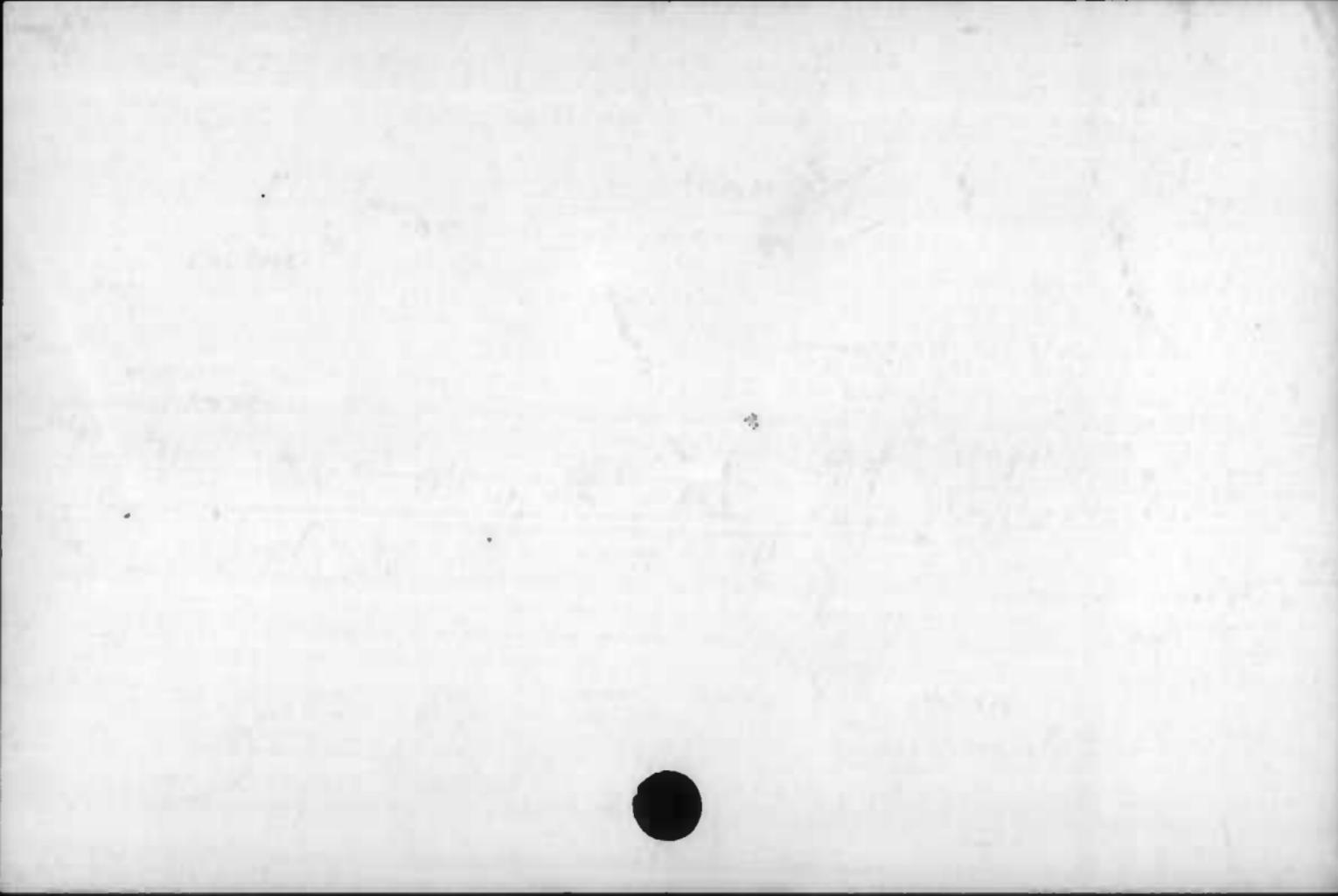


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|--|---|------------------------|-----------------------|-------------------------------------|----------------------------|----------------|--|
| <i>John Edmonds</i> | | | | | CERTIFICATE OF DEATH | | |
| Died at <i>near Deer Park</i> | | Town | County <i>Garrett</i> | | MARYLAND | | |
| Date of death <i>1909 May</i> | Month <i>May</i> | Day <i>18</i> | Years <i>84</i> | Age <i>84</i> | Months <i>one</i> | Days <i>18</i> | |
| Sex <i>Male</i> | Color or Race <i>white</i> | | | | Birth-place <i>England</i> | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Hannah Stevens</i> | | | | | | |
| Father's Name <i>John</i> | | | | Father's Birthplace <i>England</i> | | | |
| Mother's Maiden Name <i>unknown</i> | | | | Mother's Birthplace <i>England</i> | | | |
| Name of person giving information <i>Hannah Edmonds</i> | | | | How related to deceased <i>wife</i> | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary | <i>Pneumonia</i> | | | 93 | | | |
| Immediate | | | | How long <i>ten days</i> | | | |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>J.W. Saughlin</i> | | | | |
| | | Address | <i>Deer Park Md</i> | | | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Seranne Griffin

CERTIFICATE OF DEATH

| | | | | | | |
|--|--|------------------------------------|-----------------|----------|------------------|------|
| Died at <u>Oakland</u> | | County <u>Garrett</u> | | MARYLAND | | |
| Date of death <u>1909 May 29</u> | Month | Day | Years <u>66</u> | Age | Months <u>10</u> | Days |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Oakland</u> | | | | |
| Occupation <u>Civil Engineer</u> | Where Residing if not at place of death <u>Oakland</u> | | | | | |
| Married, <u>Single</u> or <u>Widowed</u> | Name of Wife or Husband <u>Mary</u> | Father's Birthplace <u>Oakland</u> | | | | |
| Father's Name <u>John Griffin</u> | Mother's Birthplace <u>Oakland</u> | | | | | |
| Mother's Maiden Name <u>Nellie</u> | How related <u>Daughter</u> | | | | | |
| Name of person giving information <u>Nellie Nellie</u> | | | | | | |

CAUSES OF DEATH

66

How long

2 weeks

J. G. S.
Oakland, Md.

Primary

Hemiplegia

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John R Kerfoot-

CERTIFICATE OF DEATH

MARYLAND

| | | | | |
|---|--|--------------------------|-----------------------|-------|
| Died at <u>Mt. L. Park</u> | | Town | County <u>Garrett</u> | |
| Date of death <u>1904 May</u> | Month | Day <u>24</u> | Age <u>74</u> | Years |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>U. S.</u> | | |
| Occupation <u>Farmer</u> | Where Residing if not at place of death <u>Mt. L. Park</u> | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Sarah Parng</u> | | | |
| Father's Name <u>Wm Parng</u> | Father's Birthplace <u>U. S.</u> | | | |
| Mother's Maiden Name <u>Matilda</u> | Mother's Birthplace <u>Garrett Co</u> | | | |
| Name of person giving information <u>Mrs. Schrock</u> | How related to deceased <u>No relation</u> | | | |

CAUSES OF DEATH

40

How long

Four months

How long

Two mo.

Signature of Physician

Address

H. W. Thomas
Oakland M. d.

Primary

Carcinoma ? Hepatic

Immediate

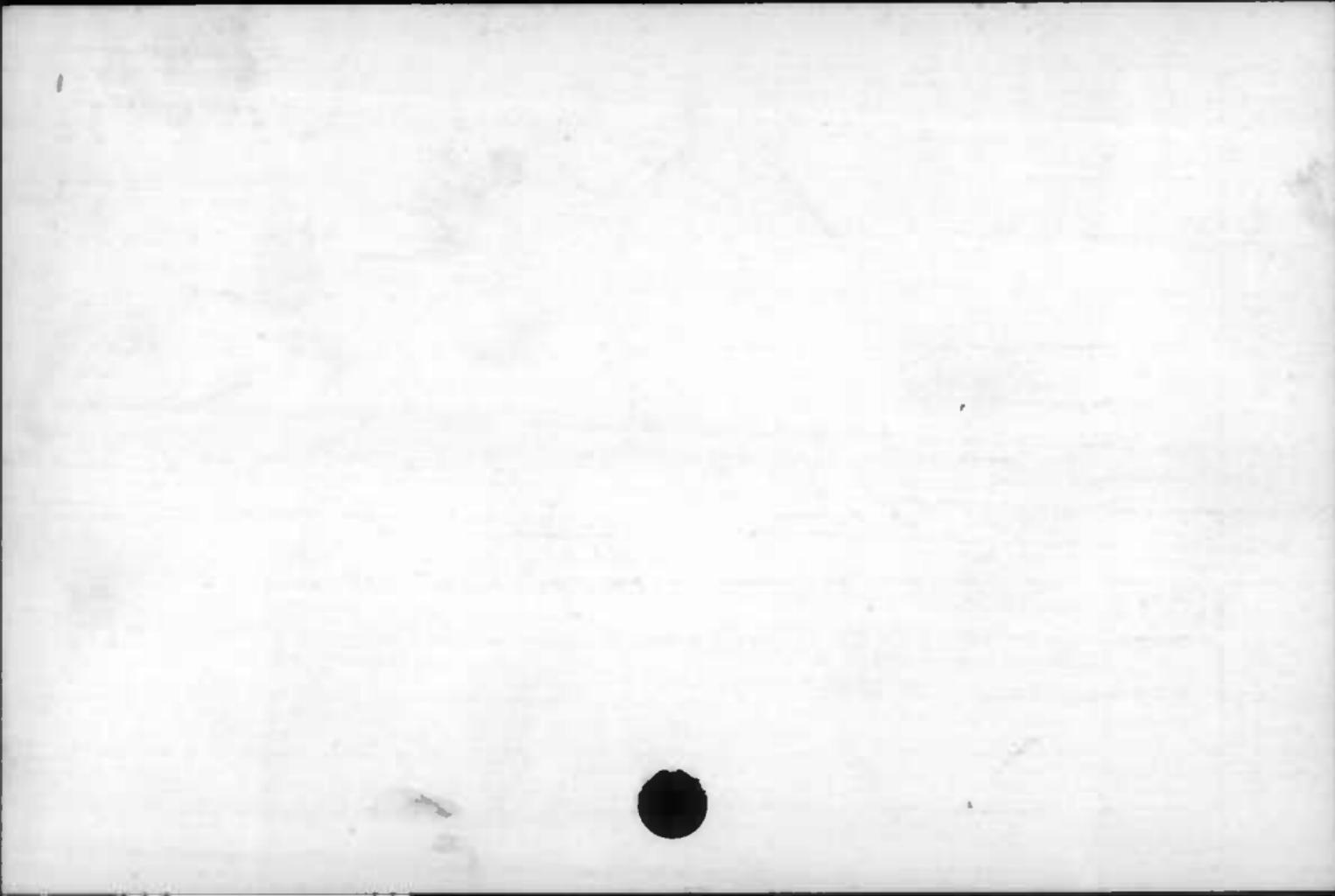
Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?

✓



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Engine King

CERTIFICATE OF DEATH

| | | | | | |
|--|---|---|--|---|--------------------------|
| Died at <u>Mar Gorman</u> | | County <u>Garrett</u> | | MARYLAND | |
| Date of death <u>1909</u> | Month <u>May</u> | Day <u>23</u> | Age | Months <u>Four</u> | Days <u>Two</u> |
| Sex <u>male</u> | Color or Race <u>White American</u> | Where Residing if not at place of death | | Birth-place <u>King, Harm near Gorman</u> | |
| Occupation <u>none</u> | | | | | <u>At place of death</u> |
| Married, Single or Widowed <input checked="" type="checkbox"/> | Name of Wife or Husband <input checked="" type="checkbox"/> | | | | |
| Father's Name <u>P. W. King</u> | | | Father's Birthplace <u>W. Va</u> | | |
| Mother's Maiden Name <u>Gottie Wolderson</u> | | | Mother's Birthplace <u>Garrett Co.</u> | | |
| Name of person giving Information <u>Gottie King</u> | | | How related to deceased <u>Mother</u> | | |

CAUSES OF DEATH

10

How long

One week

Primary

La Grippe

Immediate

Cards Special Consumption

One week

Are the name, age, sex, color, date and place correctly given above?

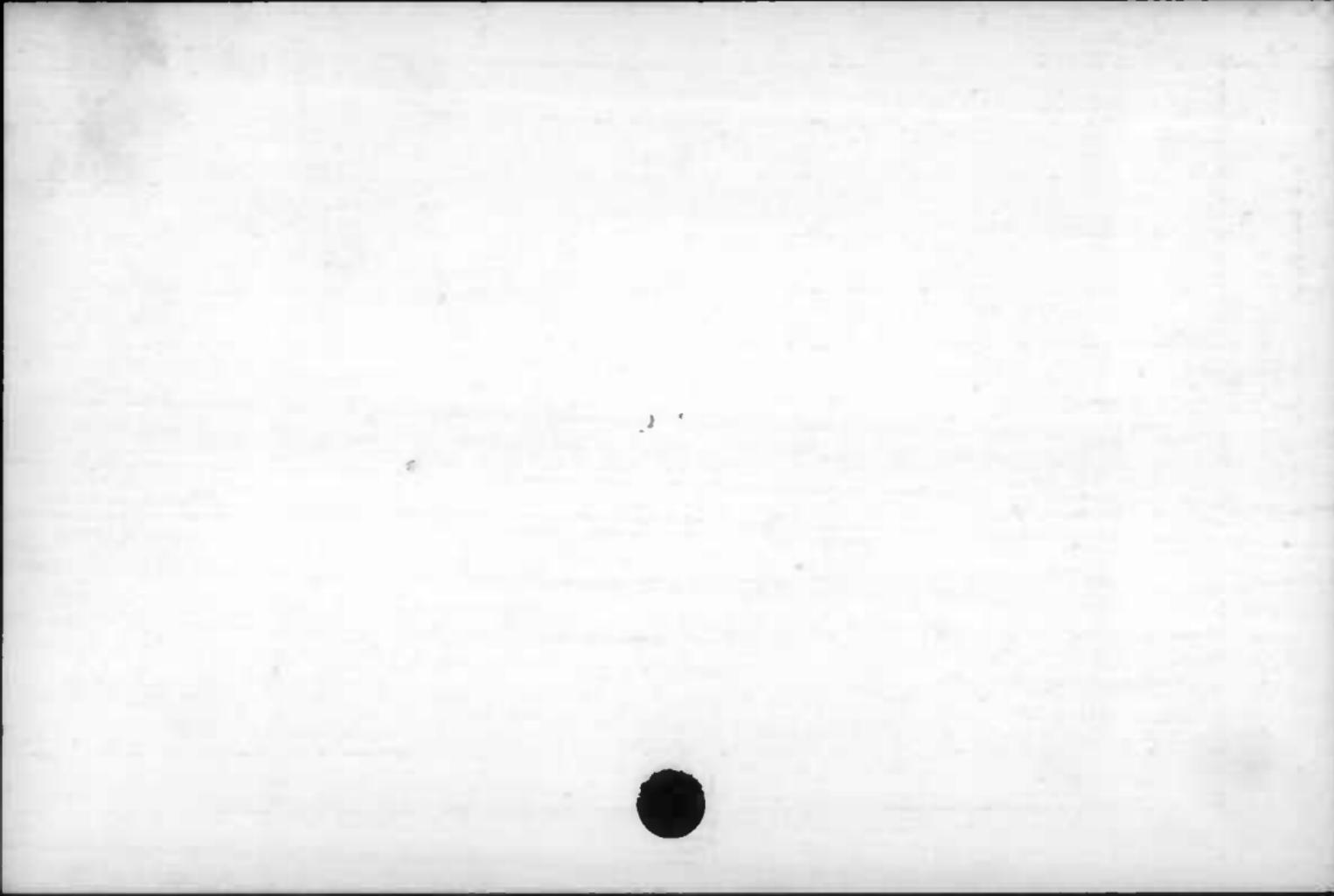
yes

Signature of Physician

Address

Henry W. W. Lomas
Oakland, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-----------------------------------|--|---------------|----------|----------------------|
| Died at <u>Selby'sport</u> Town | | <u>Garrett</u> County | | MARYLAND | |
| Date of death <u>1909</u> | Month <u>May</u> | Day <u>9</u> | Age <u>77</u> | Years | Months <u>9</u> Days |
| Sex <u>Female</u> | Color or Race <u>white Scotch</u> | Birth-place <u>Scotland</u> | | | |
| Occupation <u>Miners wife</u> | | Where Residing if not at place of death <u>Not known</u> | | | |
| Married, Single or Widowed <u>widow</u> | Name of Wife or Husband | | | | |
| Father's Name | <u>Not known</u> | Father's Birthplace <u>Scotland</u> | | | |
| Mother's Maiden Name | <u>Not known</u> | Mother's Birthplace <u>Scotland</u> | | | |
| Name of person giving information | <u>Geo Foote</u> | How related to deceased <u>Parents</u> | | | |

CAUSES OF DEATH

154

How long

How long

a few hours

PHYSICIAN
OR CORONER

Primary

Old age

immediate

Heart failure

Are the name, age, sex, color, etc.
and place correctly given above?

yes

Signature of
Physician

George H. Foote

Address

Local Board of Health
Frederick Md

No Physician in attendance

Accident or Suicide?

This certificate was filled and
sent me by James Guard
Justice of the Peace and
I signed it as shown on
face. There being no Physician
in attendance. Wm H. Friend

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Moses Lee

CERTIFICATE OF DEATH

MARYLAND

Died at Town County
Stevens Sidney Garrett

Date Month Day Year Months Deys
of death 1909 May 19 Age 56 unknown unknown

Sex Male Color or Race white
Occupation Laborer

Where Reading if not
at place of death

Married, Single
or Widowed

Name of Wife on
Husband

Edith Skiles

Father's
Name

J. W. Lee

Father's
Birthplace

Maryland

Mother's
Meiden Name

Emily Paugh

Mother's
Birthplace

Name of person giving
Information

Myself

How related
to deceased

Son

CAUSES OF DEATH

Primary

falling of a tree

166

How long

instantly

How long

"

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. L. Hobie

Swanton, Md

Accident or Suicide

Name
in
Full

Stephen Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|----------------|---|--------|------|
| Died at | | Town | County | |
| Date of death | | Month | Day | Year |
| Sex | Male | Color or Race | Age | |
| Occupation | Farmer | white | 11 16 | |
| Married, Single or Widowed | Single | Where Residing if not at place of death | | |
| Father's Name | James Magruder | ✓ | | |
| Mother's Maiden Name | Jane Bernard | Allegany Co | | |
| Name of person giving Information | Wendon Durst | Allegany Co | | |

MARYLAND
Month Day
Birth-place
✓ Allegany Co

Father's Birthplace
Mother's Birthplace
How related to deceased
Allegany Co
Allegany Co
Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

1

How long

One week

Immediate

Probably liver abscess

How long

two days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. A. Boncher
Bartons Md

Accident or Suicide

Hugh McMillan Jr.

CERTIFICATE OF DEATH

| | | | | | | |
|---|--|--|-----------------------|-------|-----------------|----------------|
| Died at #11-101st | | Town | County Garrett | | MARYLAND | |
| Date of death 1909 | Month May | Day 8 | Age 90 | Years | Months 8 | Days 19 |
| Sex male | Color or Race White | Birth-place Scotland | | | | |
| Occupation Teacher - Surgeon | | Where Residing if not at place of death — | | | | |
| Married, Single or Widowed widow | Name of Wife or Husband Margaret Smith (deceased) | | | | | |
| Father's Name Hugh McMillan | Father's Birthplace Scotland | | | | | |
| Mother's Maiden Name Annie Main | Mother's Birthplace Scotland | | | | | |
| Name of person giving Information Hugh McMillan, Jr. | How related to deceased Son | | | | | |

CAUSES OF DEATH

10

How long

2 weeks

How long

anyday

Primary

Sifripp - Bronchitis

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

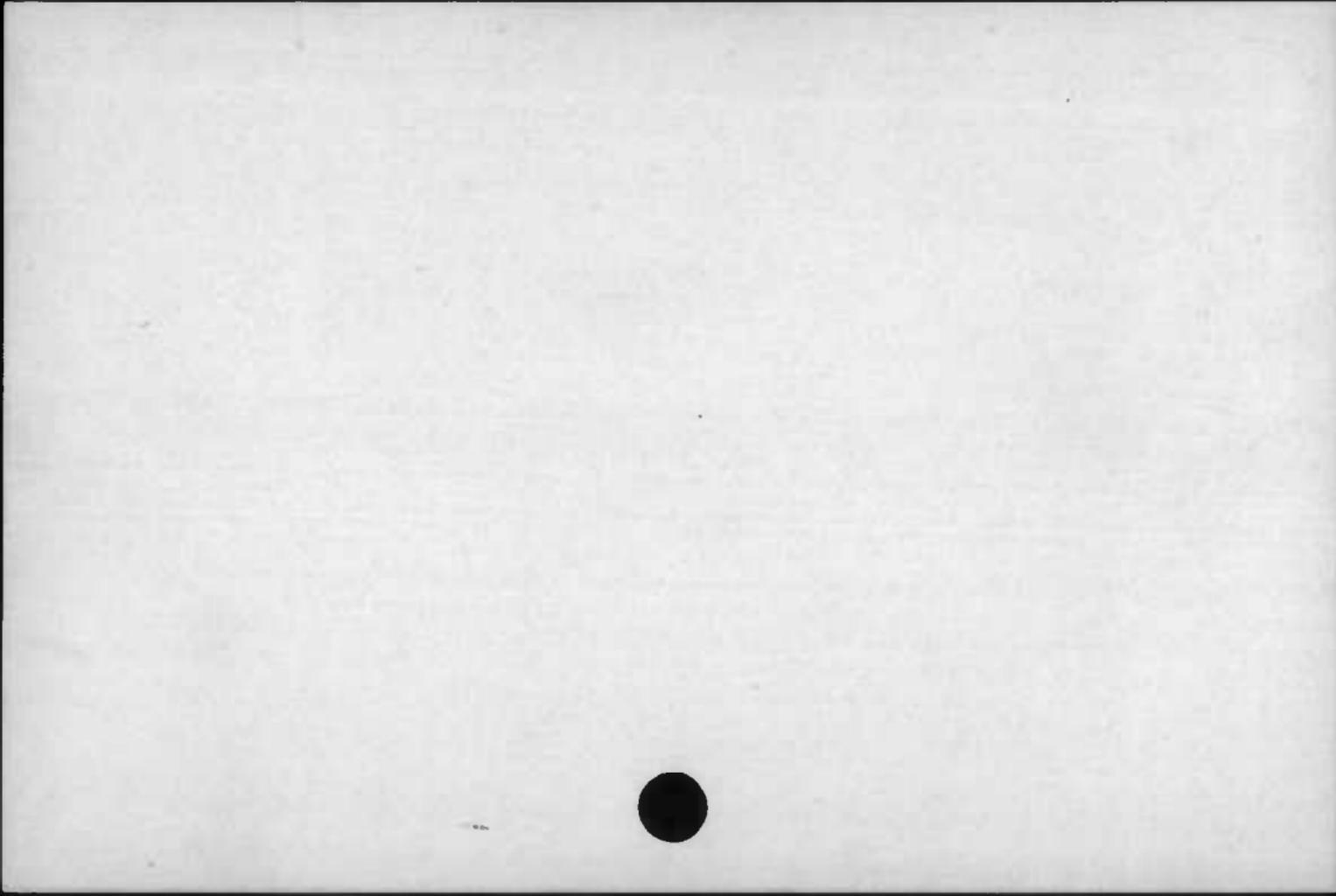
Address

James O. Bullock M.D.

Sonaroring

Maryland

Accident or Suicide? **No**



Name
in
Full

Jerrmiah. W. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|---------------------------|----------|-------|--------|
| Died at ^{Town} Read House | | County ^{Garrett} | MARYLAND | | |
| Date of death 1907 May | Month 14 | Day | Age 78 | Years | Months |
| Sex Male | Color or Race White | Birth-place Pa. | Days 7 | | |
| Occupation Farmer | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Widowed | Name of Wife or Husband Anna Fink. | | | | |
| Father's Name Jacob R. Miller | Father's Birthplace Pa. | | | | |
| Mother's Maiden Name Elizabeth Murray | Mother's Birthplace Pa. | | | | |
| Name of person giving Information Samuel Miller | How related to deceased Son. | | | | |

CAUSES OF DEATH

120

How long

2 yrs

How long

Primary

Nephritis

Immediate

Heart Failure - Emphysema

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

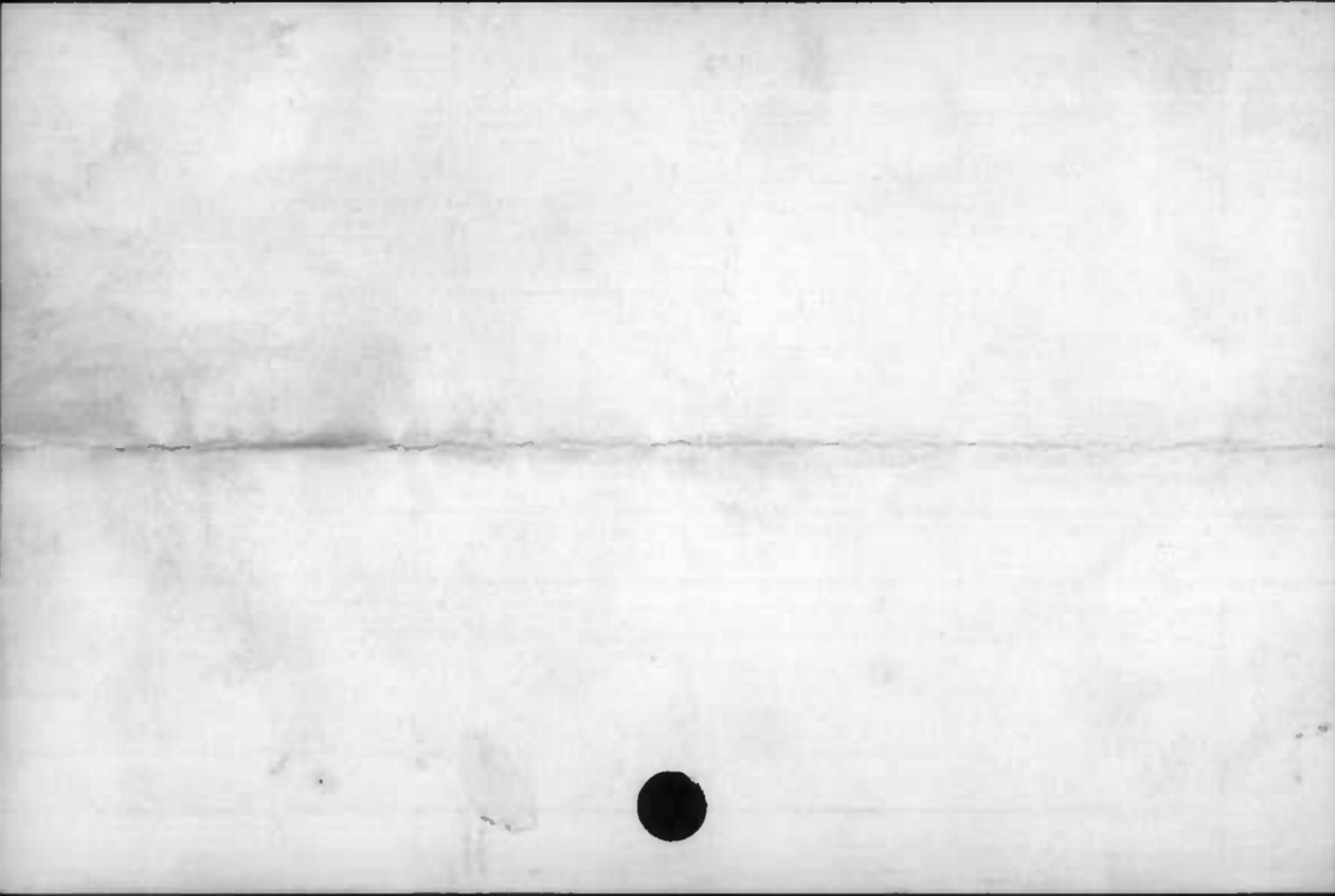
Arnold A. Schen

Address

Egion

W. 9.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rosana Barbara Miller

CERTIFICATE OF DEATH

MARYLAND

| | | | | | | |
|-----------------------------------|---|---------------------------|--------|-------------|------|-------------------------|
| Died at | | Town | County | | | |
| accident | | Garrison | | | | |
| Date of death | Month | Day | Years | Months | Days | |
| 1909 | May | 20 | 51 | 3 | 23 | |
| Sex | Color or Race | Age | | Birth-place | | |
| Female | White | 51 | | Maryland | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | John W. Miller (deceased) | | | | |
| Father's Name | Christian Slovacek | | | | | Father's Birthplace |
| Mother's Maiden Name | Barbara (Last name unknown) | | | | | Mother's Birthplace |
| Name of person giving information | Conrad Schuale | | | | | How related to deceased |

93

How long

a few days

How long

2 days

Signature of Physician

Address

B. W. Busine & Wall
Accident Isd.

Primary

Bad cold

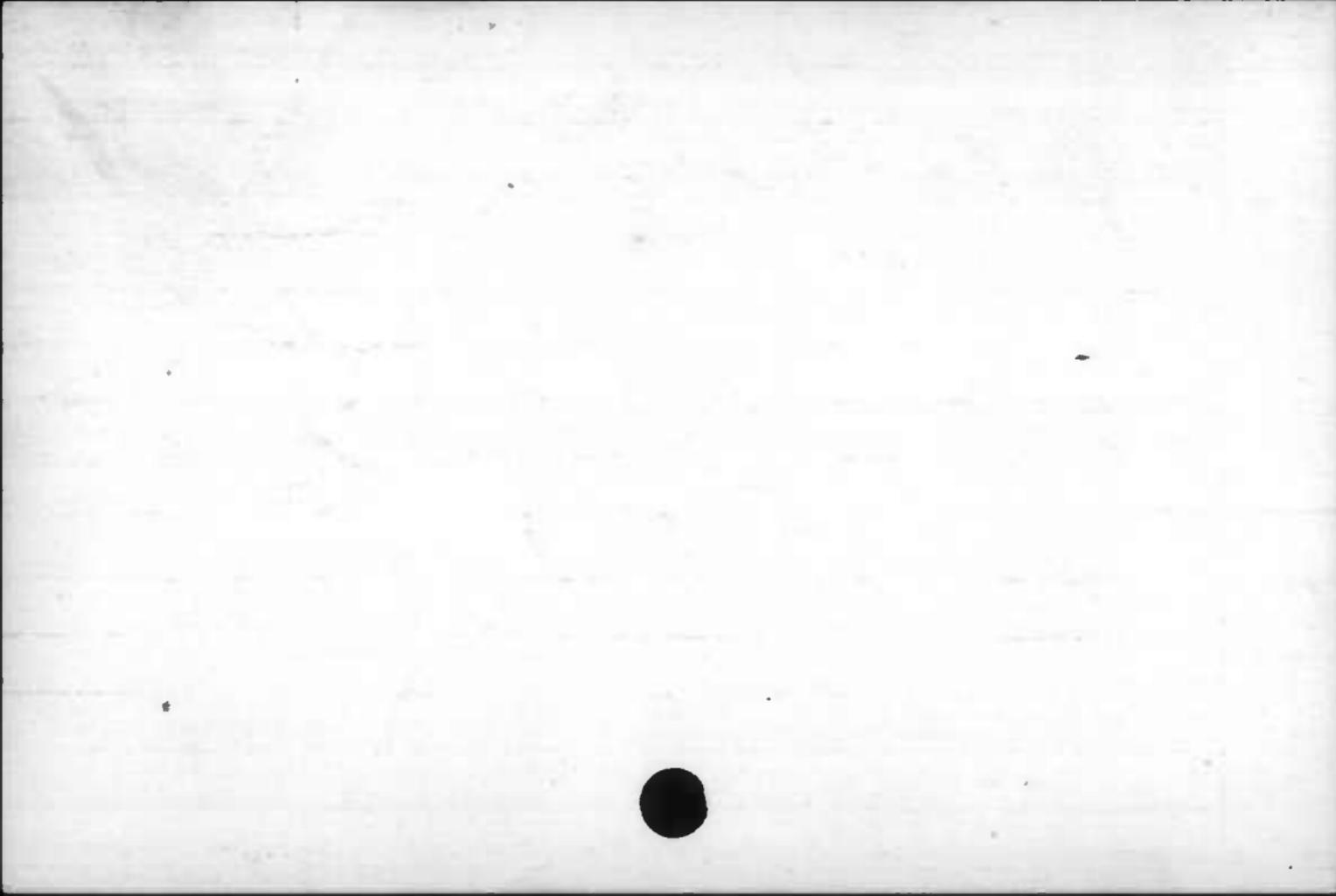
Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide?



Name
in
Full

Helen Grace Smith
Town
Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St. Henry Town Garrett County
Date of death 1909 Month May Day 24 Years — Months 6 Days 16
Sex Female Color or Race White Birth-place Maryland
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —
Father's Name Michael Philip Smith Father's Birthplace Maryland
Mother's Maiden Name Angie Egglehart Mother's Birthplace Maryland
Name of person giving information Philip Smith How related to deceased Uncle

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Its mother had a gathered breast and child
nursed the breast

How long

about one month

Immediate

marasmus

How long

about 3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

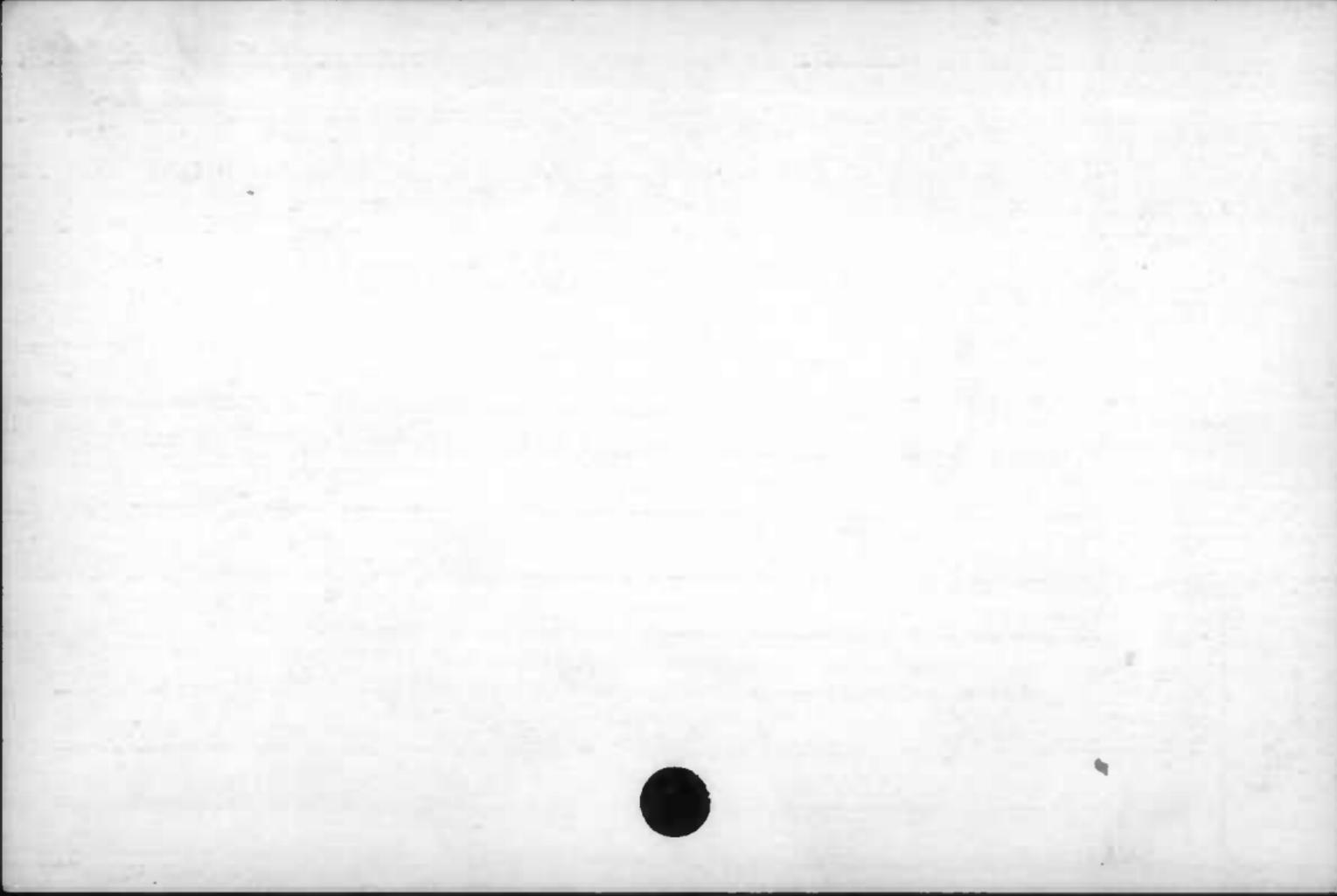
Signature of Physician

B. W. Briscoe M.D.

Address

Accident Ind.

Accident or Suicide?



Name
in
Full

Lena Tasker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|--|--------|----------------------------|-----------|------|
| Died at | town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | 5 | 8 | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Osmer Tasker | | Father's Birthplace | Goralt 60 | |
| Mother's Maiden Name | Miss S. Wilge | | Mother's Birthplace | Goralt 60 | |
| Name of person giving Information | James J. Jinkins | | How related to deceased | wife | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

Immediate

stroke

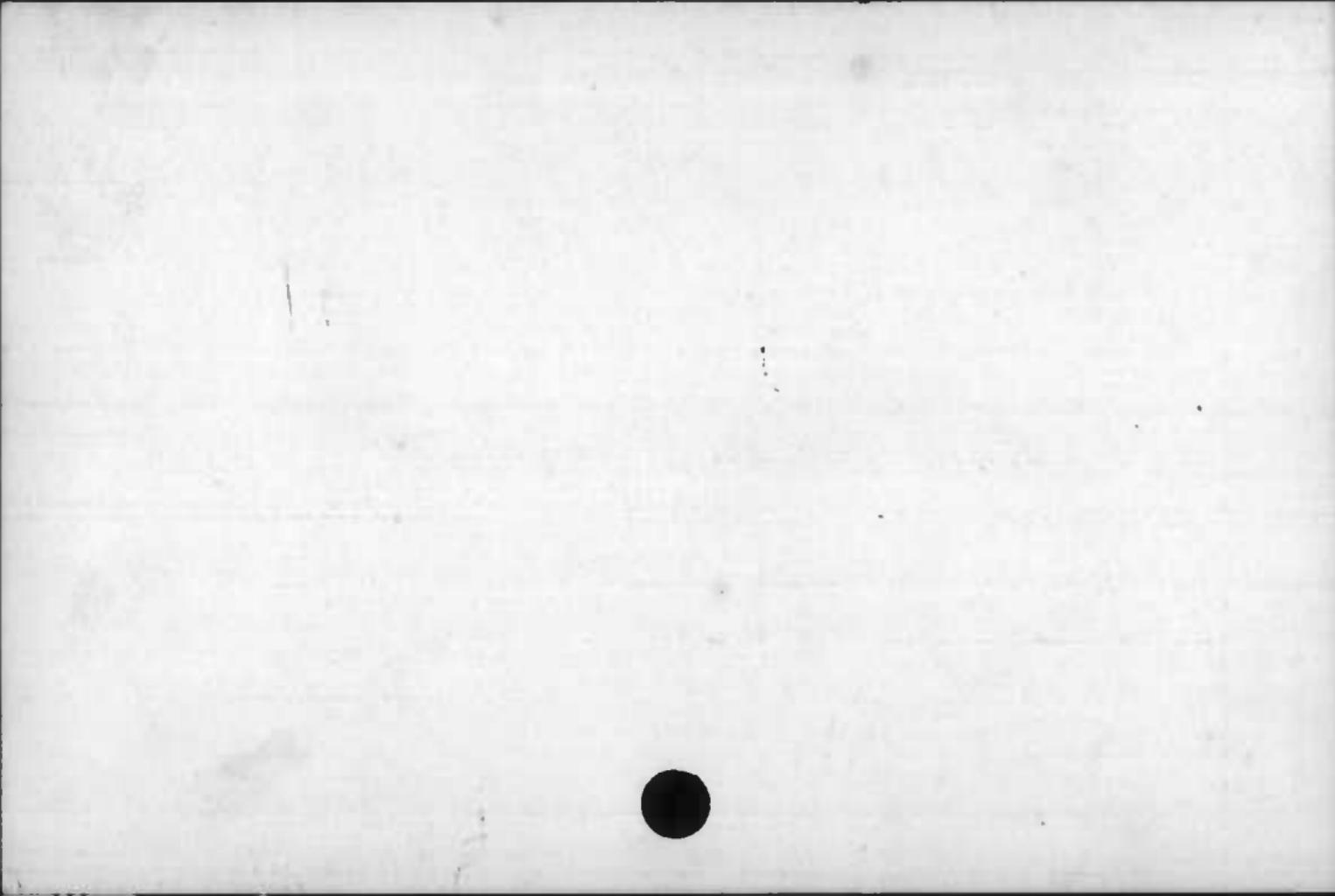
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

HP Copeland
Kitzmiller
Md

Accident or Suicide?



Name
in
Full

Lenza Lewis Tashke

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|-----------------------------------|---|---------------|-------------------------|---------|-------------|---------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 190 | Month 9 | Day 12 | Years 1 | Months 5 | Days 22 |
| Sex | Male | Color or Race | white | | Birth-place | Towfork |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| Father's Name | Asborn Tashke | | Father's Birthplace | | Towfork | |
| Mother's Maiden Name | Malinda Lwitzky | | Mother's Birthplace | | " " | |
| Name of person giving Information | Solomon Tashke | | How related to deceased | | Brother | |

CAUSES OF DEATH

Primary Pneumonia and perltusas

Immediate choked to death

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

HPC Geland
Keltzville, Pa

8

How long

1 week

How long

Accident or Suicide?

卷之九



Name
in
Full

Orval Fosher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---|-------------|---------------------|----------|------|--|
| Died at | Town | County | | MARYLAND | | |
| Date of death 190 | Month | Day | Years | Months | Days | |
| Sex | Color or Race | Birth-place | | | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | Father's Birthplace | | | |
| Father's Name | Orval Fosher | | Gorattie | | | |
| Mother's Maiden Name | Malinda Surber | | Gorattie | | | |
| Name of person giving information | James Junkins | | none | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia and festuses

8

How long

Immediate

strangled

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

KP Copeland
Kitzmiller M.D.

Accident or Suicide?

From Junkins and Sharpless

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah C. Wright

CERTIFICATE OF DEATH

| | | | | | | | |
|--|--|-----------------------------|-----------------|---|-----------------------|---------------------|--|
| Died at <u>Wilson</u> | | Town <u>Gamey</u> | | County <u>Garrett</u> | | MARYLAND | |
| Date of death <u>1909</u> | Month <u>January</u> | Day <u>21</u> | Years <u>62</u> | Age <u>62</u> | Months <u>Unknown</u> | Days <u>Unknown</u> | |
| Sex <u>Female</u> | Color or Race <u>White</u> | Occupation <u>Housewife</u> | | Where Residing if not at place of death <u>Wilson</u> | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>James P. Wright</u> | | | | | | |
| Father's Name <u>John Hewitt</u> | | | | Father's Birthplace <u>West Va.</u> | | | |
| Mother's Maiden Name <u>Katherine Stump</u> | | | | Mother's Birthplace <u>West Va.</u> | | | |
| Name of person giving information <u>James P. Wright</u> | | | | How related to deceased <u>Husband</u> | | | |

CAUSES OF DEATH

179

| | |
|---|---|
| Primary <u>Unknown</u> | How long <u>Unknown</u> |
| Immediate <u>Heart Failure</u> | How long <u>Unknown</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>James E. Hurley</u> |
| Address <u>Deer Park Inn</u> | |
| <u>Deceased was unattended by my physician & was found dead at her home, by her husband, the previous evening</u> | <u>who ate supper with her</u> |

